(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Beach Kitchen and Bath

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Beach				
(Name of Person)				
Beach Kitchen and Bath LLC				
(Firm/Company)				
962 Ravine Road S.				
(Address)				
Saint Johns Florida 32259				

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Beach

, 904

540 1480

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is					
	Beach Kitchen and Bath		1			
2.	The Articles of Organization were filed on October 11, 2007 and assigned					
	document number L0700008	0387				
3.	3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.					
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	I am closing the business due to poor performance.					
5.	If there are no members, ent	er the name and add	ress of the person appoin	ted to wind up the company's		
	activities and affairs:	Mark Beach				
		962 Ravine Road So	outh	8 17 P		
		Saint Johns Fl. 3225	9			
				<u> </u>		
6. lis	Signature of an authorized patted above to wind up the con	erson or if there are npany's activities an	no members, the signatu d affairs:	re of the person appointed and		
	11/1					
	11 al Du		Mark Beach			
Signature		Printed Name				

FILING FEE: \$25.00